

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6-2-03.

I. DISPUTE

Whether there should be reimbursement for CPT code E1399 rendered from 11-19-02 to 1-18-03.

II. FINDINGS

The respondent denied reimbursement based upon “F – Reduction According to Fee Guidelines; A – Preauthorization required under Chapter 134, but the provider did not request for PreAuthorization.”

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
11-19-02 12-19-02	E1399 (X2)	\$250.00/ mo	\$0.00	F, A	DOP	Rule 134.600(h)(11)	<p>Rule 134.600(h)(11) states, “all durable medical equipment (DME) in excess of \$500 per item (either purchase or expected cumulative rental)...”</p> <p>The requestor contends that, “Payment has been denied stating charges will exceed \$500.00 based on the previous month’s rental charges for the device and therefore require preauthorization. However, the previous month’s rental charge for this device was \$250.00. Since the denied charge is also \$250.00 charges do not exceed \$500.00.”</p> <p>The respondent stated, “The Office notes that the requestor has billed a total of \$1000.00 for rental of a RS4I Stimulator. The Office first received billing from the requestor on 03/08/02 for date of service 02/22/02 and again on</p>

							<p>04/01/02 for date of service 03/22/02 for a total billed amount of \$500.00. The requestor has exceeded the \$500.00 threshold that would require DME pre-authorization for dates of service 11/19/02 and 12/19/02 listed on the Table of Disputed Services.”</p> <p>The respondent is correct in their assertion that preauthorization was required. The requestor did not obtain preauthorization; therefore, no reimbursement is recommended.</p>
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IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code (E1399).

The above Findings and Decision are hereby issued this 16th day of April 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division